

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 005009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/21/2014
NAME OF PROVIDER OR SUPPLIER CLARK MEMORIAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1220 MISSOURI AVE JEFFERSONVILLE, IN 47130		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>INITIAL COMMENTS</p> <p>This visit was for the investigation of one (1) State complaint.</p> <p>Complaint number: IN00150119 Substantiated: State deficiency related to allegations is cited</p> <p>Date of survey: 8/21/14</p> <p>Facility number: 005009</p> <p>Surveyors: Marcia Anness, RN Public Health Nurse Surveyor</p> <p>Jennifer Hembree, RN Public Health Nurse Surveyor</p> <p>QA: cloughlin 10/10/14</p>	S 000		
S1318	<p>410 IAC 15-1.5-10 UTILIZATION REVIEW & DISCHARGE PLANNING</p> <p>410 IAC 15-1.5-10 (e)(3)(A)(B)(C)(D)(E)(F)</p> <p>(e) To facilitate discharge as soon as an acute level of care is no longer required, the hospital shall have effective, ongoing discharge planning that:</p> <p>(3) transfers or refers patients, along with the necessary medical information and records, to appropriate facilities, agencies, or outpatient services, as needed, for follow-up or ancillary care. The</p>	S1318		

Indiana State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 005009	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/21/2014
NAME OF PROVIDER OR SUPPLIER CLARK MEMORIAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1220 MISSOURI AVE JEFFERSONVILLE, IN 47130		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S1318	<p>Continued From page 1</p> <p>information shall include, but not be limited to, the following:</p> <ul style="list-style-type: none"> (A) medical history; (B) current medications; (C) activities status; (D) nutritional needs; (E) outpatient service needs; (F) follow-up care needs; and <p>This RULE is not met as evidenced by: Based on policy and procedure review, medical record review and interview, the facility failed to ensure Discharge Summary was completed on 1 of 6 patients' (patient #6) medical records reviewed as required by policy.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of facility policy titled "Medical Record Documentation" last reviewed/revised 9/09 indicated the following: <p>E. Inpatient Medical Records:</p> <ol style="list-style-type: none"> 3. Discharge Documentation: <ul style="list-style-type: none"> iv. Discharge Against Medical Advice: <p>Assuming the patient is competent:</p> <ol style="list-style-type: none"> 3. Instructions about medications, diet, activity, and return appointments. <ol style="list-style-type: none"> 2. Review of patient #6 medical record indicated the record lacked a discharge summary and lacked discharge instructions. <ol style="list-style-type: none"> 3. Interview with staff member #1 (VP Nursing) verified in interview at 1615 hours on 8/21/14 that there were no discharge instructions per policy and no MD discharge summary on patient #6 medical record. 	S1318		